



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

Viberzi®  
(eluxadoline)  
Prior Authorization Request Form

- *Viberzi® is a mu-opioid receptor antagonist, indicated in adults for the treatment of irritable bowel syndrome with diarrhea.*

**Criteria for initial approval**

- 1) Patient must be 18 years of age or older; **AND**
- 2) Must be prescribed by or in consultation with a gastroenterologist; **AND**
- 3) Patient must have a diagnosis of irritable bowel syndrome with diarrhea (IBS-D); **AND**
- 4) Patient must have had trials with inadequate response (or intolerance) to **two** of the following medications in the last 90 days unless contraindicated:
  - a. Loperamide (minimum 14-day trial)
  - b. Lomotil (minimum 14-day trial)
  - c. Antispasmodic (i.e. hyoscyamine, dicyclomine)
  - d. Tricyclic antidepressant (TCAs typically require a 4-week trial for efficacy)
  - e. Xifaxin (minimum 14-day trial)
  - f. Lotronex (only if female)

NOTE:

Prior-authorizations will be denied if the patient has excessive alcohol intake (>3 alcoholic beverages per day) or any other contraindication listed in the product package insert.

**References**

- 1) Viberzi package insert revised May 2015
- 2) Lexi-Comp Clinical Application 05/13/2016
- 3) American Gastroenterological Association 2014 Guidelines (Pharmacological Management of IBS)
- 4) The Treatment of Irritable Bowel Syndrome. Therap Adv Gastroenterol. . Lacy et al. 2009 Jul; 2(4): 221–238.